

INVOICE

IT Security & Compliance Division

Invoice #: [0000]

Date: [MM/DD/YYYY]

AUDITOR / FIRM

[Company Name]
[Street Address]
[City, State, Zip]
[Tax ID / Business No.]

CLIENT

[Client Name]
[Department]
[Street Address]
[Contact Email]

Audit Service Description	Hours/Qty	Rate	Amount
Gap Analysis & Risk Assessment	[0.00]	[\$[0.00]]	[\$[0.00]]
Policy & Procedure Review (ISO/NIST)	[0.00]	[\$[0.00]]	[\$[0.00]]
Technical Controls Verification	[0.00]	[\$[0.00]]	[\$[0.00]]

Audit Service Description	Hours/Qty	Rate	Amount
Final Audit Reporting & Governance Roadmap	[1]	[\$[0.00]]	[\$[0.00]]

Subtotal: \$[0.00]

Tax: \$[0.00]

Total: \$[0.00]

Payment Terms: [Net 30]

Bank Details: [Bank Name] | **Account:** [Number] | **Routing:** [Number]

Thank you for your commitment to IT security governance excellence.